

CITY OF ROUND ROCK, TEXAS  
CITY OFFICIAL  
FINANCIAL DISCLOSURE STATEMENT  
FOR THE REPORTING PERIOD  
2013  
(Year)

RECEIVED  
FEB 11 2014

This form is required to be completed by every candidate who declares for any office of the City to be filled by election:

***This statement is due within fifteen (15) days of the date the candidate declares his candidacy.***

This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.

Where additional space is required, please attach separate pages.

Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2013

A. Name of Candidate: Carlos T. Salinas  
Office Sought: Round Rock City Council Place 4  
Residence Address: 3845 Royal Troon Dr.  
Round Rock Tx. 78664  
Business Address: N/A (EMPLOYER)  
STATE FARM INS. CO'S 8500 AMBERGLEN BLVD  
Telephone Numbers: AUSTIN TX. 78729  
Home: (512) 388-8984  
Work: (512) 918-5588  
Cell: (512) 658-5562  
Name of Spouse: Maria Victoria Kapp-Salinas (Vickie)

Name(s) of all dependent minor children:

N/A

Name(s) under which you, your spouse, and/or  
your dependent minor children do business:

N/A

Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

1. 3845 Royal Troon Dr  
Round Rock Tx. 78664

2. N/A

3. N/A

4. N/A

5. N/A

(ATTACH THE FOLLOWING SEPARATE PAGE IF NECESSARY)

Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

1. Name of Entity: NS/A

Address of Entity's principal place of business: \_\_\_\_\_

Type of Entity (corporation, partnership, etc.): \_\_\_\_\_

Date of existence: \_\_\_\_\_

State of Incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if any): \_\_\_\_\_

2. Name of Entity: NS/A

Address of Entity's principal place of business: \_\_\_\_\_

Type of Entity (corporation, partnership, etc.): \_\_\_\_\_

Date of existence: \_\_\_\_\_

State of Incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if any): \_\_\_\_\_

3. Name of Entity: NS/A

Address of Entity's principal place of business: \_\_\_\_\_

Type of Entity (corporation, partnership, etc.): \_\_\_\_\_

Date of existence: \_\_\_\_\_

State of Incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if any): \_\_\_\_\_

Attached separate page if necessary

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

1. Name of person or business entity: WELLS FARGO HOME MORTGAGE

Address: P.O. Box 6421, Carol Stream IL. 60197-6421

If repaid during reporting period, date of repayment: \_\_\_\_\_

2. Name of person or business entity: AMPLIFY CREDIT UNION

Address: P.O. Box 85300 Austin TX. 78708

If repaid during reporting period, date of repayment: \_\_\_\_\_

3. Name of person or business entity: N/A

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

4. Name of person or business entity: N/A

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

5. Name of person or business entity: N/A

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

6. Name of person or business entity: N/A

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

7. (attach separate page if necessary)

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

1. Name of source: STATE FARM INS. CO'S  
Source's address: 8500 AMBERGLEN BLVD  
AUSTIN TX. 78725  
Type of entity (if applicable): CORP.  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
2. Name of source: ROUND ROCK IND. SCHOOL DISTRICT  
Source's address: 1311 ROUND ROCK AVE  
ROUND ROCK TX. 78681  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
3. Name of source: ASA  
Source's address: \_\_\_\_\_  
\_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
4. (attach separate page if necessary)

F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: KS/A  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Recipient of gift: KS/A  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. (attach separate page if necessary)

G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: USA  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Recipient of gift: USA  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. (attach separate page if necessary)



H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

1. Name of individual or business entity: ADA

Address: \_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_

2. Name of individual or business entity: ADA

Address: \_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_

3. (attach separate page if necessary)

VERIFICATION

STATE OF TEXAS

§

§

COUNTY OF WILLIAMSON

§

BEFORE ME, the undersigned Notary Public, on this day personally appeared Carlos T. Salinas, known to me, and after being duly sworn, stated on oath that the foregoing and annexed Financial Disclosure for 2013 is within the knowledge of affiant and is true and correct.

Carlos T. Salinas

(signature)

Carlos T. Salinas

(print or type name)

SWORN TO AND SUBSCRIBED TO BEFORE ME on this 11<sup>th</sup> day of February, 2014.



Sara Leigh White

Notary Public, State of Texas

Printed Name:

Sara Leigh White

My Commission Expires:

July 11, 2016